HOSPITAL LICENSING BOARD
MEETING NOTICE

DATE: July 27, 2010

TIME: 10:00 AM

LOCATION Lucas State Office Building
Third Floor, Conference Room 320

AGENDA

I. Call to Order
Approval of the September 14, 2009 Minutes

II. Old Business
Food Code
2010 Guidelines for Design and Construction of Health Care Facilities (AIA Guidelines)
Hospital Education - IFMC

III. New Business
Preventable Significant Events (Never Events)
Det Norske Veritas (DNV)
EMTALA Update

IV. Public Comment

V. Date and Plans for Next Meeting

VI. Adjournment

Meetings held by the Hospital Licensing Board are accessible for all. If you have special needs to participate, please call 515-281-4124 (TDD 515-242-6515) at least five days prior to the meeting.

HOSPITAL LICENSING BOARD MINUTES

September 14, 2009

Members Present:

Robert Miller, Lannie Miller, Pat McDermott, Dr. Peter Wallace, Kay Runge

Members Absent:

LaRae Schelling

DIA Staff:

David Werning, Patrice Fagen, Dean Lerner, J. Bennett, Mary Spracklin, Kathy Sutton, Judy Harrison

Guests:

Adam Freed, Brown, Winick; Maureen Keehnle, Iowa Hospital Association; Nancy Ruzicka, Iowa Health Systems; Kate Payne, FLEX/IDPH

Call to Order

The meeting was called to order by Robert Miller, Chairman. Minutes of the August, 2009 meeting were reviewed. One correction was made under "Guests", ie: Maureen Keehnle, Iowa Hospital Association. Minutes were otherwise approved.

Old Business

Education/Funding:

The RFP has been submitted, and we anticipate responses between October 1 – 15. We will need a representative from the HLB as part of the review and selection process. Bob Miller and Lannie Miller volunteered, and questioned if it could be done from a remote location via telephone. Mary indicated she would research this, and if possible set it up.

AIA Guidelines:

Following the presentation by Doug Erickson at the last HLB meeting, DIA will be recommending adoption of the 2010 AIA Guidelines, rather than the 2006 Guidelines. The adoption would be reflected in 135B, and Chapter 51 and would require review of the HLB, Board of Public Health and Administrative Rules Review Committee before becoming effective.

Patrice Fagen has been invited to serve on the Committee for development of the 2014 AIA Guidelines.

Mary Spracklin provided a handout that shows states that have adopted the 2006 guidelines. Mary also discussed the HLB Task Force that reviewed the AIA Guidelines. The issues at that time were specific to private rooms and waivers for CAHs. It was pointed out that some states have adopted the guidelines with an automatic waiver provision built into the regulations.

New Business

EMTALA:

No new cases since the last meeting.

Food Code:

DIA would like to update all chapters with the same Food Code, ie: 2005. Judy Harrison explained some of the changes which would be minimal, ie: allergens listed, reporting or norovirus, no bare hand contact with food, hot food holding temperature decreased to 135 degrees, fresh tomatoes listed as a hazardous food, etc. The changes would not conflict with anything in the AIA Guidelines.

Public Comments

None

Plans for Next Meeting

It was decided to try to set a routine date for meetings. The next meeting will be the second Wednesday in February, then quarterly after that, with the time remaining from 10 AM – noon.

INSPECTIONS AND APPEALS DEPARTMENT[481]
Notice of Intended Action

Pursuant to the authority of Iowa Code sections 10A.104(5) and 135B.7, the Department of Inspections and Appeals hereby gives Notice of Intended Action to amend Chapter 51, "Hospitals," Iowa Administrative Code.

The proposed amendment updates the Department's administrative rules dealing with food services provided in hospitals by adopting the Iowa food code as authorized in Iowa Code chapter 137F.2. Adoption of the Iowa food code will bring hospital food service requirements into conformance with all other food establishment requirements in the State of Iowa. Additionally, Federal Medicare regulations require that hospitals use the latest edition of the United States model food code for food service purposes.

The Department has determined that there is no fiscal impact associated with the proposed amendment as it simply brings hospital food service and preparation techniques into conformance with all food service establishments. Neither is any waiver language provided as the federal Medicare regulations require hospitals to use the latest edition of the Food Code for food service purposes.

The proposed amendment was presented to the Hospital Licensing Board at its _____, 2010, meeting at which time they were approved by the Board. The State Board of Health initially reviewed the proposed amendment at its _____, 2010, meeting.

Any interested person may make written suggestions or comments on the proposed amendment on or before _____, 2010. Such written materials should be directed to the Director, Department of Inspections and Appeals, Lucas State Office Building, Des Moines, Iowa 50319-0083; or faxed to (515)242-6863. E-mail should be sent to david.werning@dia.iowa.gov.

The amendment is intended to implement Iowa Code sections 10A.104(5) and 135B.7.

The following amendment is proposed:

ITEM 1. Strike subrule **51.20** and insert the following:

481—51.20(135B) Food and nutrition services.

51.20(1) Food and nutrition service definition. Food service means providing safe, satisfying, and nutritionally adequate food for patients through the provision of appropriate staff, space, equipment, and supplies. Nutrition service means providing assessment and education to ensure the nutritional needs of the patients are met.

51.20(2) General requirements.

a. All food shall be handled, prepared, served, and stored in compliance with the requirements of the food code adopted under provisions of Iowa code chapter 137F.2.

b. The food service shall provide food of the quality and quantity to meet the patient's needs in accordance with physician's orders and, to the extent medically possible, to meet the current Recommended Daily Dietary Allowances, 1989 Edition, adopted by the Food and Nutrition Board of the National Research Council, National Academy of Sciences and the following:

(1) Not less than three meals shall be served daily unless contraindicated.

(2) Not more than 14 hours shall elapse between the evening meal and breakfast of the following day.

(3) Nourishment between meals shall be available to all patients unless contraindicated by the physician.

(4) Patient food preferences shall be respected as much as possible and substitutes shall be offered through use of appropriate food groups.

(5) When food is provided by a contract food service, all applicable requirements herein set forth shall be met. The hospital shall maintain adequate space, equipment, and staple food supplies to provide patient food service in emergencies.

c. Policies and procedures shall be developed and maintained in consultation with representatives of the medical staff, nursing staff, food and nutrition service staff, pharmacy staff, and administration to govern the provision of food and nutrition services. Policies and procedures shall be approved by the medical staff, administration, and governing body.

d. A current diet manual approved by the dietitian and the medical staff shall be used as the basis for diet orders and for planning therapeutic diets. The diet manual shall be reviewed, revised and updated at least every five years. Copies of the diet manual shall be readily available to all medical, nursing, and food service personnel.

e. Therapeutic diets shall be provided as prescribed by the attending physician and shall be planned, prepared, and served with supervision or consultation from the licensed dietitian. Persons responsible for therapeutic diets shall have sufficient knowledge of food to make appropriate substitutions when necessary.

f. The patient's diet card shall state likes, dislikes, food allergies, and other pertinent information.

g. Menus.

(1) Menus for regular and therapeutic diets shall be written, approved, dated and available in the food service area at least one week in advance.

(2) If meals served vary from the planned menu, the change shall be noted in writing as part of the available menu. A copy of the menu as served shall be kept on file for at least 30 days.

(3) Menus should be planned with consideration for cultural and religious background and food habits of patients.

(4) Standardized recipes with nutritional analysis adjusted to number of portions shall be maintained and used in food preparation.

h. Food shall be prepared by methods that conserve nutritive value, flavor, and appearance. Food shall be served attractively at appropriate and safe temperatures and in a form to meet individual needs.

i. Nutritional care.

(1) Nutrition screening shall be conducted by qualified hospital staff to determine the patient's need for a comprehensive nutrition assessment by the licensed dietitian.

(2) Nutritional care shall be integrated in the patient care plan, as appropriate, based upon the patient's diagnosis and length of stay.

(3) The licensed dietitian shall record, in the patient's medical record, any observations and information pertinent to medical nutrition therapy.

(4) Pertinent dietary records shall be included in the patient's transfer discharge record to ensure continuity of nutritional care.

(5) Discharge nutrition counseling and education shall be provided to the patient and family as ordered by the physician, requested by the patient or deemed appropriate by the licensed dietitian.

j. In-service training, in accordance with hospital policies, shall be provided for all food and nutrition service personnel. A record of subject areas covered, date, and duration of each session and attendance lists shall be maintained. In-service records shall be kept for a minimum of one year.

k. On the nursing unit, a separate patient food storage area shall be maintained that ensures proper temperature control.

51.20(3) Food and nutrition service staff.

a. A licensed dietitian shall be employed on a full-time, part-time or consulting basis. Part-time or consultant services shall be provided on the premises at appropriate times on a regularly scheduled basis.

These services shall be of sufficient duration and frequency to provide continuing liaison with medical and nursing staffs, advice to the administrator, patient counseling, guidance to the supervisor and staff of the food and nutrition service, approval of all menus, and participation in the development or revision of departmental policies and procedures and in planning and conducting in-service education programs.

b. If a licensed dietitian is not employed full-time, then one must be employed on a part-time or consultation basis with an additional full-time person who has completed a 250-hour dietary manager course and who shall be employed to be responsible for the operation of the food service.

c. Sufficient food service personnel shall be employed, oriented, trained, and their working hours scheduled to provide for the nutritional needs of the patients and to maintain the food service areas. If food service employees are assigned duties in other service areas, those duties shall not interfere with the sanitation, safety, or time required for food service work assignments.

51.20(4) Equipment necessary for preparation and maintenance of menus, records, and references shall be provided. At least one week's supply of staple foods and a reasonable supply of perishable foods shall be maintained on the premises. Supplies shall be appropriate to meet the requirements of the menu.

INSPECTIONS AND APPEALS DEPARTMENT [481]
Notice of Intended Action

Pursuant to the authority of Iowa Code sections 10A.104(5) and 135B.7, the Department of Inspections and Appeals hereby gives Notice of Intended Action to amend Chapter 51, "Hospitals," Iowa Administrative Code.

The proposed amendments adopt the 2010 Guidelines for Design and Construction of Health Care Facilities produced by the Facility Guidelines Institute as the minimum construction standards for hospitals and off-site premises licensed under Iowa Code chapter 135B.

The proposed amendments also contain provisions stipulating that hospitals and off-site premises shall be deemed to be in compliance with the minimum construction standards if the buildings met the construction standards in place at the time they were built. Additional language in the proposed amendments requires that all hospitals and off-site premises shall meet the state building and life safety codes.

The proposed rewrite of the minimum construction standards contains requirements for the filing of all construction documents with the state fire marshal's office. The proposed amendments closely follow the submission requirements in the administrative rules of the state fire marshal's office, and further require that the responsible design professional certify that the building plans meet the requirements of the 2010 Guidelines unless a variance has been granted.

The final section of the proposed amendments contains the provisions under which variances from the minimum construction standards may be sought. The introductory paragraph

is expanded to include some of the components of a variance request, and several factors that the director shall consider when making a determination.

Additionally, the administrative rules of the state fire marshal's office, state building code bureau, maintains the inspection standards to be used when inspecting existing buildings. Language in the proposed amendments adopts the state fire marshal's office language for the inspection of existing hospitals and off-site premises.

Item two of the proposed amendments strikes subrules dealing with minimum construction standards in effect for specific periods. With the adoption of the proposed amendments, it will not be necessary to differentiate the various construction guidelines used as the proposed amendments contain language which deems existing facilities to be in compliance with previous editions of the guidelines.

The Department is unable to determine whether there is a fiscal impact associated with its proposed amendments. Hospitals and off-site premises are routinely and regularly designed using the latest construction guidelines. Adoption of the proposed amendments simply requires that all new construction plans be designed in accordance with the 2010 Guidelines. The proposed amendments also contain a provision under which any regulated entity may seek a variance from these requirements.

The proposed amendment was presented to the Hospital Licensing Board at its _____, 2010, meeting, at which time the Board _____.

The State Board of Health initially reviewed the proposed amendment at its _____, 2010, meeting.

Any interested person may make written suggestions or comments on the proposed amendment on or before _____, 2010. Such written materials should be addressed to the

Director, Department of Inspections and Appeals, Lucas State Office Building, 321 East 12th Street, Des Moines, Iowa 50319-0083; faxed to (515)242-6863; or E-mailed to David.Werning@dia.iowa.gov.

The proposed amendments are intended to implement Iowa Code sections 10A.104(5) and 135B.7.

The following amendments are proposed.

ITEM 1. Amend subrule 51.50 by striking the subrule and inserting the following new subrule:

481—51.50 Minimum standards for construction

481—51.50(1) Minimum standards. Hospitals and off-site premises licensed under this chapter shall be built in accordance with the following construction standards.

a. The construction standards shall be in accordance with the standards set forth in Part 2 and other applicable provisions of the Guidelines for Design and Construction of Health Care Facilities, 2010 Edition, produced by the Facility Guidelines Institute.

Hospitals and off-site premises previously in compliance with prior editions of the hospital construction guidelines will be deemed in compliance with subsequent regulations with the exception of any new renovations, additions, functional alternations, or changes in utilization to existing facilities, which shall meet the standards specified in paragraphs "a," "b," and "c."

b. In jurisdictions without the a local building code enforcement program, the construction shall be in conformance with the state building code as authorized by Iowa Code section 103A.7, at the time of plan submittal for review and approval. The local building code enforcement must include both the adoption and enforcement of a local building code through plan reviews and inspections.

A hospital or off-site premises that is required to meet the provisions of the state building code shall be deemed to be in compliance with the fire safety requirements of the state building code if the hospital is in compliance with the provisions of rule 661—205.5(100). In any other case in which an applicable requirement of the Life Safety Code, 2000 edition, is inconsistent with an applicable requirement of the state building code, the hospital shall be deemed to be in compliance with the state building code requirement if the Life Safety Code requirement is met.

Iowa Administrative Rule 661—301.5 shall not be applicable to hospitals and other structures required under this chapter to meet the Iowa State Building Code.

c. The design and construction of a hospital or off-site premises shall be in conformance with the NFPA 101: Life Safety Code 2000 as published by the National Fire Protection Association.

481—51.50(2) Submission of construction documents

a. Submissions to the building code commissioner of architectural technical documents, engineering documents, and plans and specifications are the responsibility of the owner of the building or facility, although the actual submission may be completed by an authorized agent of the owner or the responsible design professional.

b. "Responsible design professional" means a registered architect or licensed professional engineer who signs the documents submitted.

c. Plans, specifications and other supporting information shall be sufficiently clear and complete to show in detail that the proposed work will comply with the requirements of the applicable provisions of the state building code.

d. In sections 107.1 and 107.2.5 of the International Building Code, 2009 edition, the word "permit" shall be replaced by the words "plan review."

e. Submittals to the commissioner shall be certified or stamped and signed as required by Iowa Code chapters 542B and 544A unless the applicant has certified on the submittal to the applicability of a specific exception under Iowa Code section 544A.18 and the submittal does not constitute the practice of professional engineering as defined by Iowa Code section 542B.2.

f. The responsible design professional shall certify that the building plans meet the requirements specified in 481—51.50(1), unless a variance has been granted pursuant to 481—51.50(3).

481—51.50(3) Variances

The director of the department of inspections and appeals may grant variances to building and construction guidelines as contained in the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities. The hospital or off-site premises must submit a variance request in writing to the director. The request must demonstrate how patient safety and the quality of care offered are not compromised by the variance. The facility must demonstrate its ability to completely fulfill all other requirements of the service. The director shall make a written determination of the request. In determining whether a variance request shall be granted, the director shall give consideration to the following conditions, and any others the director deems relevant:

a. The design and planning for the specific property shall offer improved or compensating features which provide equivalent desirability and utility;

b. Alternate or special construction methods, techniques, and mechanical equipment shall offer equivalent durability, utility, safety, structural strength and rigidity, sanitation, odor control, protection from corrosion, decay and insect attack, and quality of workmanship;

c. The health, safety or welfare of any patient shall not be endangered;

d. Variances are limited to the specific project under consideration and shall not be construed as establishing a precedent for similar acceptance in other cases;

e. Occupancy and function of the building shall be considered; and

f. Type of licensing shall be considered.

ITEM 2. Amend subrules **481—50.51** and **481—50.52** by striking and reserving the subrules.

INSPECTIONS AND APPEALS DEPARTMENT[481]
Notice of Intended Action

Pursuant to the authority of Iowa Code sections 10A.104(5) and 135B.7, the Department of Inspections and Appeals hereby gives notice of intended action to amend Chapter 51, "Hospitals."

The purpose of the proposed amendments is to require hospital to report to the department all unusual occurrences which threaten the health, safety, or welfare of patients. The proposed amendments require hospitals to investigate the root cause of the adverse event and report the findings of their investigations to the Department within five working days after the event.

The proposed rules list the types of unusual occurrence which must be reported to the Department. This list is identical to the list of reportable events developed by the National Academy for State Health Policy. As of November 2009, 27 states plus the District of Columbia require hospitals to report adverse events to a state agency for further review or investigation. The intent of the National Academy's adverse event reporting concept is to hold hospitals accountable for weaknesses in their systems. Reporting adverse events also has the potential to dramatically improve patient safety through event report analysis.

Among the reportable events addressed in the proposed amendments are surgery performed on the wrong body party or patient, patient death or serious disability associated with the use of contaminated drugs, infants discharged to the wrong person, and patient death or

serious disability associated with electric shock or electric cardioversion while being cared for in a hospital.

The Department is unable to determine whether there is a fiscal impact associated with its proposed amendments. Hospitals routinely report some of the information required by these proposed rules to their accreditation agency as part of a quality assurance measure.

The proposed rules were presented to the Hospital Licensing Board at its _____, 2010, meeting, at which time the Board _____.

The State Board of Health initially reviewed the proposed amendments at its _____, 2010, meeting.

Any interested person may make written suggestions or comments on the proposed amendments on or before _____, 2010. Such written materials should be addressed to the Director, Department of Inspections and Appeals, Lucas State Office Building, 321 East 12th Street, Des Moines, Iowa 50319-0083; faxed to (515) 242-6863; or E-mailed to david.werning@dia.iowa.gov.

The proposed amendments are intended to implement Iowa Code sections 10A.104(5) and 135B.7.

The following amendments are proposed.

ITEM 1: Adopt the following new rule 481—51.54.

481—51.54 Adverse health events and incident reporting. Each hospital must notify the department whenever any of the following adverse events as defined by the National Quality Forum, Serious Reportable Events in Health Care, occur:

51.54 (1) Surgical events:

a. Surgery performed on the wrong body part;

b. Surgery performed on the wrong patient;

c. Wrong surgical procedure performed on a patient;

d. Unintended retention of a foreign object in a patient after surgery or other procedure;

e. Intraoperative or immediately postoperative death in an American Society of Anesthesiologist (ASA) Class 1 patient; or

f. Artificial insemination with the wrong sperm or donor egg.

51.54 (2) Product or device events:

a. Patient death or serious disability associated with the use of contaminated drugs, devices, or biologics provided by the hospital;

b. Patient death or serious disability associated with the use or function of a device in patient care in which the device is used or functions other than as intended; or

c. Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a hospital.

51.54 (3) Patient protection events:

a. Infant discharged to wrong person;

b. Patient death or serious disability associated with patient elopement (disappearance); or

c. Patient suicide, or attempted suicide resulting in serious disability, while being cared for in a hospital.

51.54 (4) Care management events:

a. Patient death or serious disability associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation or wrong route of administration);

b. Patient death or serious disability associated with a hemolytic reaction due to the administration of ABO/HLA-incompatible blood or blood products;

c. Maternal death or serious disability associated with labor or delivery in a low-risk pregnancy while being cared for in the hospital;

d. Patient death or serious disability associated with hypoglycemia, the onset of which occurs while the patient is being cared for in a hospital;

e. Death or serious disability (kernicterus) associated with failure to identify and treat hyperbilirubinimia neonates;

f. Stage 3 or 4 pressure ulcers acquired after admission to a hospital; or

g. Patient death or serious disability due to spinal manipulative therapy.

51.54 (5) Environmental events:

a. Patient death or serious disability associated with electric shock or electric cardioversion while being cared for in a hospital;

b. Any incident in which a line designed for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances;

c. Patient death or serious disability associated with a burn incurred from any source while being cared for in a hospital;

d. Patient death or serious disability associated with a fall while being cared for in a hospital; or

e. Patient death or serious disability associated with the use of restraints or bedrails while being cared for in a hospital.

51.54 (6) Criminal events:

a. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider;

b. Abduction of a patient of any age;

c. Sexual assault on a patient within or on the grounds of a hospital; or

d. Death or significant injury of a patient or staff member resulting from a physical assault or battery that occurs within or on the grounds of a hospital.

51.54 (7) Hospitals shall notify the department within forty-eight hours of confirmation by the hospital when any adverse event has occurred, using established procedures. The notice must include:

a. The hospital's name;

b. The type of event identified in this section;

c. The date the event was confirmed; and

d. Any additional contextual information the hospital chooses to provide;

51.54 (8) Hospitals must conduct a root cause analysis of each adverse event following the procedures and methods of:

a. The Joint Commission;

b. The Healthcare Facilities Accreditation Program (HFAP);

c. Det Norske Veritas; or

c. Another nationally recognized root cause analysis methodology found acceptable by the department.

51.54 (9) As part of the root cause analysis, the hospital must include the following information:

a. The number of patients, registered nurses, licensed practical nurses, and unlicensed assistive personnel present in the relevant patient care unit at the time the reported adverse event occurred;

b. The number of nursing personnel present at the time of the adverse event who have been supplied by temporary staffing agencies, including traveling nurses; and

c. The number of nursing personnel, if any, on the patient care unit working beyond their regularly scheduled number of hours or shifts at the time of the event and the number of consecutive hours worked by each such nursing personnel at the time of the adverse event.

51.54(10) The hospital must create and implement a corrective action plan for each adverse event consistent with the findings of the root cause analysis. Each corrective action plan must include:

a. How each finding will be addressed and corrected;

b. When each correction will be completed;

c. Who is responsible to make the corrections;

d. What action will be taken to prevent each finding from reoccurring; and

e. A monitoring schedule for assessing the effectiveness of the corrective action plan, including who is responsible for the monitoring schedule.

51.54 (11) If a hospital determines there is no need to create a corrective action plan for a particular adverse event, the hospital must provide to the department a written explanation of the reasons for not creating a corrective action plan.

51.54 (12) The hospital must complete and submit a root cause analysis within forty-five days, after confirming an adverse health event has occurred, to the department.

ITEM 2. Adopt the following new rule 481—51.55.

481—51.55 Reports. Each hospital shall submit to the department the pertinent data necessary to comply with the requirements of this section.

51.55 (1) Each hospital shall report to the department within 48 hours of the event any death resulting from other than natural causes originating on facility property such as accidents, abuse, negligence, or suicide; any missing patient; and any allegation of abuse or neglect of any patient by any person.

51.55 (2) Each hospital shall report the results of its investigation within five working days after the event.

51.55 (3) Each hospital shall also report to the department as soon as possible any fire with structural damage or where injury or death occurs; any partial or complete evacuation of the facility resulting from natural disaster; or any loss of utilities, such as electricity, natural gas, telephone, emergency generator, fire alarm, sprinklers, and other critical equipment necessary for operation of the facility for more than 24 hours.

51.55 (4) Each hospital shall notify the department of any anticipated closure or discontinuation of service at least 30 days in advance of the effective date.

INSPECTIONS AND APPEALS DEPARTMENT[481]
Notice of Intended Action

Pursuant to the authority of Iowa Code sections 10A.104(5) and 135B.7, the Department of Inspections and Appeals hereby gives notice of intended action to amend Chapter 51, "Hospitals."

The purpose of the proposed amendments is to add Det Norske Veritas (DNV) to the list of hospital accreditation organizations. Current rules specify only two accreditation organizations, The Joint Commission and the American Osteopathic Association. The third organization, Det Norske Veritas, was recently approved by the federal Centers for Medicare & Medicaid Services (CMS) as a hospital accreditation organization.

The Department does not believe that the proposed amendments impose any financial hardship on any regulated entity. Rather, adoption of the proposed amendments simply adds DNV to the existing list of hospital accreditation organizations.

The proposed amendments were presented to the Hospital Licensing Board at its _____ ___, 2010, meeting, at which time the Board approved them.

The State Board of Health initially reviewed the proposed amendment at its _____ ___, 2010, meeting.

Any interested person may make written suggestions or comments on the proposed amendments on or before _____ ___, 2010. Such written materials should be addressed to the Director, Department of Inspections and Appeals, Lucas State Office Building, 321 East 12th

Street, Des Moines, Iowa 50319-0083; faxed to (515)242-6863; or e-mailed to David.Werning@dia.iowa.gov.

The proposed amendments are intended to implement Iowa Code sections 10A.104(5) and 135B.7.

The following amendments are proposed:

ITEM 1. Amend subrule 51.2, numbered paragraphs (5) and (6), as follows:

51.2(5) The department shall recognize, in lieu of its own licensure inspection, the comparable inspections and inspection findings of The Joint Commission (JC), ~~or~~ the American Osteopathic Association (AOA), or Det Norske Veritas (DNV) if the department is provided with copies of all requested materials relating to the inspection process. In cases of the initial licensure, the department may require its own inspection when needed in addition to comparable accreditations to allow the hospital to begin operations. The department may also initiate its own inspection when it is determined that the inspection findings of the JC, ~~or~~ the AOA, or DNV are insufficient to address concerns identified as possible licensure issues.

51.2(6) Hospitals not accredited by the JC, ~~or~~ the AOA, or DNV shall be inspected by the department utilizing the current Medicare conditions of participation found in Title XVIII of the federal Social Security Act and 42 CFR Part 482, Subparts A, B, C, D, and E, or 42 CFR Part 485, Subpart F, as of October 1, 2006. Licensed-only hospitals shall be inspected utilizing the requirements of this chapter. The department may promulgate additional standards. The department may recognize, in lieu of its own licensure inspection, the comparable inspection and inspection findings of a Medicare conditions of participation survey.

ITEM 2. Amend the introductory paragraph of subrule 51.6 as follows:

481—51.6(135B) Patient rights and responsibilities. The hospital governing board shall adopt a statement of principles relating to patient rights and responsibilities. In developing a statement of principles, the hospital may use reference statements of patient rights and responsibilities developed by the American Hospital Association, The Joint Commission (JC), the American Osteopathic Association (AOA), Det Norske Veritas (DNV), and other appropriate sources.

ITEM 3. Amend subrule 51.53, numbered paragraph (7), as follows:

51.53(7) The department shall recognize, in lieu of its own inspection, the comparable inspections and inspections findings of The Joint Commission (JC), ~~or~~ the American Osteopathic Association (AOA), or Det Norske Veritas (DNV) if the department is provided with copies of all requested materials relating to the inspections and the inspection process.